N07000008193

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(1) RES

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Charleston Bay Condominium Association, Inc.
502	(Name of Corporation)
DOC	CUMENT NUMBER: N07000008193
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Nel	son C. Steiner
	(Name of Person)
	·
	(Name of Firm/Company)
401	S. Albany Ave.
	(Address)
Tar	mpa, FL 33606
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Nels	Son C. Steiner at (813) 350-9399 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	mdment Section Amendment Section Division of Corporations on Building Post Office Box 6327 Executive Center Circle thassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. 13

I,Nelson C. Steiner	hereby resign as Office	r/Director(Title)
of Charleston Bay Condominium Ass		,
(Name of Co	orporation)	
N0700008193 , a (Document Number, if known)	corporation organized under the	laws of the State of
Florida		
Signa	ture of resigning officer/director)	ASER 26 PHE:

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314